

For ADEQ use only:

	Operator ID#
	Date Received:
	Date Processed:

## REQUEST FOR ARIZONA OPERATOR CERTIFICATION RECIPROCITY



### PERSONAL INFORMATION (PLEASE PRINT)

**\*This information is required to process your request. Incomplete requests will not be processed.**

\*NAME: \_\_\_\_\_ \*S.S.N.: \_\_\_\_\_  
First M.I. Last Suffix (Jr., III)

\*ADDRESS: \_\_\_\_\_  
Street City State ZIP + 4

COUNTY (Arizona only): \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\*Were you previously certified in Arizona? YES \_\_\_ NO \_\_\_ If YES, list your Arizona operator I.D. #: \_\_\_\_\_

### **\*Arizona Certificate Requested:**

CERTIFICATE TYPE	GRADE			
	1	2	3	4
Water Treatment				
Water Distribution				
Wastewater Treatment				
Wastewater Collection				

### **\*Reciprocity Requested With:**

<b>*Issuing department:</b>		
<b>*Department phone number:</b> ( )		
<b>*Department fax:</b> ( )		
<b>*Current certificate type</b>	<b>*Grade</b>	<b>Certificate number</b>

Note: Pursuant to A.A.C. R18-5-113(b) the grade corresponds with the level of system complexity, with Grade 1 being the most simple and Grade 4 being the most complex.

**\*Are you currently employed by an Arizona water or wastewater system? YES \_\_\_ NO \_\_\_**

If YES, please provide the following information:

SYSTEM NAME: \_\_\_\_\_ SYSTEM I.D. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State ZIP + 4

SUPERVISOR NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**CONTINUED ON BACK - SIGNATURE REQUIRED**

## \*EDUCATION AND EXPERIENCE

Provide education and experience in the space below, or attach a separate resume.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**PLEASE READ BEFORE SIGNING**

I certify the information supplied above is true and accurate to the best of my knowledge and the above referenced certificates were earned by taking a written exam. I understand this information is subject to verification and false or misleading statements may result in the denial of my reciprocity request. Furthermore, pursuant to A.R.S. § 49-205, this information, excluding my social security number, will become part of the public record. The disclosure of my social security number is mandatory under A.R.S. §§ 320(K) and 25-502(E) and U.S.C. 405(c)(2)(C). The social security number will be used only for the administration of child support programs.

\*SIGNATURE: \_\_\_\_\_ \*DATE: \_\_\_\_\_

Please submit a photocopy of your current certificate(s) along with your completed request to the address below. Please make a copy of this form for your records. If you have questions regarding this reciprocity request, please contact us at (602) 771-4638 or, toll free in Arizona, (800) 234-5677, Ext. 4638.

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
OPERATOR CERTIFICATION PROGRAM  
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PHOENIX, AZ 85007-2935